

**NJDEP - CERTIFICATE OF  
PUBLIC CONVENIENCE AND NECESSITY  
(CPCN)**

**ANNUAL UTILITY REPORT  
FOR SOLID WASTE  
COLLECTORS/TRANSPORTERS  
AND BROKERS**

**CALENDAR YEAR 2015**

affix label here

**DUE JUNE 1, 2016**

**Note: This Report has been changed substantially since last year.  
This Utility Report is not the Annual A-901 Update submitted to the  
Attorney General's Office!**

## What you need to know about the:

### **2015 SOLID WASTE ANNUAL UTILITY REPORT:**

The 2015 Annual Utility Report has been divided into separate parts: Section A for Collector/Transporter Operations and Section B for Broker Operations.

Your 2015 Solid Waste Annual Utility Report (Annual Report) is due no later than **June 1, 2016**.

You are **required** to submit this report even if there was **no activity** during calendar year 2015 **OR** if you discontinued service during calendar year 2015.

If you have discontinued service during calendar year 2015, you are required to report all revenue generated as of the date of discontinuance.

This report is **NOT** the annual A-901 update which you are required to submit separately to the Office of the Attorney General.

### **REVIEW AND ASSESSMENT OF THE ANNUAL REPORT**

Your Annual Report will be reviewed for completeness, verified and approved by NJDEP.

An annual fee assessment will be calculated at the rate of  $\frac{1}{4}$  of 1% of your reported gross operating revenue with a \$600 minimum fee. The Department of Treasury, Bureau of Revenue will mail your invoice to you directly. Please promptly pay this fee assessment directly to the Bureau of Revenue and include the invoice with your payment.

#### **Do Not Send Your Payments to the NJDEP**

**It is important that you submit payment promptly as NJDEP is required to refer all overdue fees to Collections within 90 days of the date the fee is assessed. PROMPTLY MAIL BOTH THE INVOICE AND YOUR PAYMENT DIRECTLY TO TREASURY AT THE ADDRESS LISTED BELOW:**

New Jersey Department of Treasury  
Division of Revenue  
PO Box 638  
Trenton NJ 08646-0638

If you have any questions about the 2015 Annual Utility Report please contact the  
Bureau of Planning & Licensing  
Phone: (609) 984-4250  
E-mail: [swutility@dep.nj.gov](mailto:swutility@dep.nj.gov)

### **FAILURE TO FILE A COMPLETED ANNUAL REPORT:**

You must submit a **COMPLETED** Annual Report and pay the appropriate assessment or your company may be subject to any/all of the following:

- A hold will be placed on your company's decals
- Your company may be subject to penalties
- Your company may have its CPCN **revoked** in accordance with N.J.A.C. 7:26H-5.15(b)1

If you no longer wish to participate in New Jersey's solid waste industry, please fill out the Notice of Surrender form found at the end of this report and mail as directed.

- **You will still be required to pay the annual utility assessment for the previous calendar year.**

**2015 ANNUAL UTILITY REPORT CHECKLIST:**

- ☐ CAREFULLY READ EACH PAGE OF THIS REPORT
- ☐ This report can be found online at [www.nj.gov/dep/dshw/swr](http://www.nj.gov/dep/dshw/swr) and can be downloaded to your computer. The report cannot be completed or submitted online.
- ☐ This report must be completed and returned signed and notarized even if there was no solid waste activity in calendar year 2015
- ☐ Write your **SW number** on **all pages** as indicated at the top right of each page (attach and label any additional sheets)
- ☐ File this report in the solid waste utility's certificate name *exactly* as shown on the CPCN
- ☐ FOLLOW DIRECTIONS FOR COMPLETING THIS REPORT EXACTLY AS DESCRIBED FOR EACH PAGE
- ☐ **COMPLETE EVERY QUESTION.** Indicate "N/A" for all questions which are not applicable
- ☐ SIGN and NOTARIZE this Annual Report as indicated (page 29).
- ☐ Keep a copy of this Annual Report for your records
- ☐ THE COMPLETED REPORT IS DUE **NO LATER THAN JUNE 1, 2016**
- ☐ Submit a Customer List (if applicable – see page 13 for instructions for collectors/transporters, and page 23 for instructions for brokers). Customer Lists for companies that are Collectors/Transporters and Brokers must be submitted on separate pages. It is encouraged to submit Customer Lists on CD's/DVD's or a flash drive.
- ☐ Accurately report Gross Operating Revenue. Gross Operating Revenues consist of reportable revenues which are derived from customer bills, fees, sales and services for certain types of solid waste (defined on page 5).

**PLEASE MAIL COMPLETED ANNUAL UTILITY REPORT TO:**

NJDEP-SOLID AND HAZARDOUS WASTE  
BUREAU OF PLANNING & LICENSING  
401 EAST STATE STREET  
MAIL CODE 401-02C; P.O. BOX 420  
TRENTON, NJ 08625-0420

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***IT IS SUGGESTED THAT YOU MAIL THIS COMPLETED REPORT VIA  
CERTIFIED MAIL, RETURN RECEIPT AND KEEP A COPY FOR YOUR  
RECORDS***

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## **GROSS OPERATING REVENUE** **REPORTABLE AND NON-REPORTABLE REVENUE**

The Gross Operating Revenue generated from the collection or brokering of solid waste in New Jersey is required to be reported in the Collector/Transporter and Broker Utilities Annual Report in accordance with N.J.A.C. 7:26-2:13:

**Reportable Waste includes revenue derived from the collection/transportation, brokering, and/or disposal of the following solid waste types:**

**Waste Type ID 10, 12, 13, 13C, 23, 25, 27, 27A and 27I**  
(See next page for detailed descriptions of Waste Types)

- That is **generated in NJ** and directly transported to a disposal facility **in or out of NJ**.
- That is **generated in NJ** and transported to a transfer station, landfill, incinerator, or rail carrier in NJ.
- That is residual waste (waste remaining after recyclable material has been removed) from a transfer station/material recovery facility and directly transported to a disposal facility in or out of NJ, or transported to a rail carrier in NJ.
- Solid waste that is considered “self-generated” as in demolition and construction **IS** considered reportable waste for all companies that hold a CPCN

### **NON REPORTABLE GROSS OPERATING REVENUE:**

- Waste not generated in NJ
- ID 72 Bulk liquid and semi-liquids
- ID 73 Septic tank clean-out wastes
- ID 74 Liquid sewage sludge
- Grease Trap Waste disposed at sewage treatment plant
- Waste collected from a NJ transfer station or rail carrier and directly transported out of NJ for disposal
- Recyclable material hauled to a recycling facility
- Hazardous Waste
- Medical Waste

**NEW JERSEY ADMINISTRATIVE CODE N.J.A.C. 7:26-2:13**

(g) Waste identification and definition of solids includes the following:

**1. Solid wastes; waste ID number and definitions:**

- i. **10 Municipal** (household, commercial and institutional): Waste originating in the community consisting of household waste from private residences, commercial waste which originates in wholesale, retail or service establishments, such as, restaurants, stores, markets, theatres, hotels and warehouses, and institutional waste material originated in schools, hospitals, research institutions and public buildings.
- ii. **12 Dry sewage sludge:** Sludge from a sewage treatment plant which has been digested and dewatered and does not require liquid handling equipment.
- iii. **13 Bulky waste:** Large items of waste material, such as appliances and furniture. Discarded automobiles, trucks and trailers and large vehicle parts, and tires are included under this category.
- iv. **13C Construction and demolition waste:** Waste building material and rubble resulting from construction, remodeling, repair, and demolition operations on houses, commercial buildings, pavements and other structures. The following materials may be found in construction and demolition waste: treated and untreated wood scrap; tree parts, tree stumps and brush; concrete, asphalt, bricks, blocks and other masonry; plaster and wallboard; roofing materials; corrugated cardboard and miscellaneous paper; ferrous and non-ferrous metal; non-asbestos building insulation; plastic scrap; dirt; carpets and padding; glass (window and door); and other miscellaneous materials; but shall not include other solid waste types.
- v. **23 Vegetative waste:** Waste materials from farms, plant nurseries and greenhouses that are produced from the raising of plants. This waste includes such crop residues as plant stalks, hulls, leaves and tree wastes processed through a wood chipper. Also included are non-crop residues such as leaves, grass clippings, tree parts, shrubbery and garden wastes.
- vi. **25 Animal and food processing wastes:** Processing waste materials generated in canneries, slaughterhouses, packing plants or similar industries, including animal manure when intended for disposal and not reuse. Also included are dead animals. Animal manure, when intended for reuse or composting, is to be managed in accordance with the criteria and standards developed by the Department of Agriculture as set forth at N.J.S.A. 4:9-38.
- vii. **27 Dry industrial waste:** Waste materials resulting from manufacturing, industrial and research and development processes and operations, and which are not hazardous in accordance with the standards and procedures set forth at 7:26G. Also included are nonhazardous oil spill cleanup waste, dry nonhazardous pesticides, dry nonhazardous chemical waste, and residue from the operations of a scrap metal shredding facility.
- viii. **27A** Waste material consisting of asbestos or asbestos containing waste.
- ix. **27I** Waste material consisting of incinerator ash or ash containing waste.

(h) Waste identification and definition of liquids include the following:

**1. Liquid wastes; waste ID number and definitions:**

- i. **72 Bulk liquid and semiliquids:** Liquid or a mixture consisting of solid matter suspended in a liquid media which is contained within, or is discharged from, any one vessel, tank or other container which has the capacity of 20 gallons or more. Not included in this waste classification are septic tank clean-out wastes and liquid sewage sludge.
- ii. **73 Septic tank clean-out wastes:** Pumpings from septic tanks and cesspools. Not included are wasted from a sewage treatment plant.
- iii. **74 Liquid sewage sludge:** Liquid residue from a sewage treatment plant consisting of sewage solids combined with water and dissolved materials.

**2015 CPCN ANNUAL REPORT FOR**  
**COLLECTORS/TRANSPORTERS AND BROKERS**

**FILL IN ALL INFORMATION BELOW:**

**CHECK ALL THAT APPLY:**

- ☐ COLLECTOR/TRANSPORTER  
☐ BROKER

**1. INFORMATION**

OFFICIAL COMPANY NAME: \_\_\_\_\_

(This is the name registered with the Division of Commercial Recordings)

EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

FEIN (or LAST 4# OF SS# FOR SOLE PROPRIETOR): \_\_\_\_\_

OFFICE TELEPHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

BILLING/MAILING ADDRESS: ☐CHECK HERE IF SAME AS ABOVE:

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

**2. LIST OFFICERS AND EQUITY HOLDERS: ☐Check here if additional pages are attached**

Name: _____	Title _____	Equity _____
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Name: _____	Title _____	Equity _____
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Name: _____	Title _____	Equity _____
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**3. NAME OF REGISTERED AGENT(Out of State Companies) : \_\_\_\_\_**

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

4. **VEHICLE INFORMATION FOR YOUR SOLID WASTE TRANSPORTATION EQUIPMENT:**

Provide the **number** of solid waste vehicles that requires NJDEP issued decals owned and operated by the CPCN holder as of **December 31, 2015**.

\_\_\_\_\_ NO EQUIPMENT  
\_\_\_\_\_ CABS (does not hold waste)  
\_\_\_\_\_ CONTAINERS  
\_\_\_\_\_ SINGLE UNIT VEHICLES (eg. pickup trucks, vans, dump truck)  
\_\_\_\_\_ TRAILERS

5. **VEHICLE LOCATION:** Provide the address of the location of where your solid waste vehicles are stored.

Address:

\_\_\_\_\_  
\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_  
\_\_\_\_\_

6. **DID YOUR COMPANY USE A SOLID WASTE BROKER SERVICE?** ☐ NO ☐ YES:  
If YES please see Page 15.

7. **DOES YOUR COMPANY OR ITS PRINCIPALS HAVE ANY CURRENT OR OUTSTANDING JUDGMENTS AND/OR LIENS?** ☐ NO ☐ YES: You must provide the information below for EACH (label and attach a separate page if necessary):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Provide a brief description: \_\_\_\_\_

☐ Check here if additional pages are attached

8. **HAS ANY EMPLOYEE, ASSOCIATE, OFFICER, OR EQUITY HOLDER HAD THEIR SOLID WASTE OPERATING AUTHORITY REVOKED OR SUSPENDED IN NEW JERSEY OR NEW YORK?** ☐ NO ☐ YES: You must provide the name and details concerning this revocation or suspension (label and attach a separate page if necessary):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

State(s) the revocation or suspension occurred: \_\_\_\_\_

Provide a brief description: \_\_\_\_\_

☐ Check here if additional pages are attached



**Provide a detailed description of your business in the space below. Include the type of business and all solid waste services offered by your company**

**DO NOT INDICATE “N/A” ON THIS PAGE**

[illegible]

## **Section A:**

**The following section must be completed by Solid Waste Collectors/Transporters. This includes any CPCN holder that has registered solid waste vehicles and/or collects/transport and disposes of solid waste at solid waste disposal facilities.**

**Solid Waste Brokers are not required to complete Section A and should continue on to Section B of this report (page 22).**

SECTION A

**TARIFF UPDATE (2015)**

**\*\*Form must be completed by ALL SOLID WASTE COLLECTOR/ TRANSPORTERS\*\***

This Tariff contains the terms and conditions and schedules of rates governing the services furnished by a public utility and holder/applicant of a Certificate of Public Convenience and Necessity for the collection of solid waste pursuant to N.J.A.C. 7:26H-4.2(a).

Please fill in **ALL** information below:

**1. TERRITORY SERVED:**

Solid waste collection services provided by this solid waste utility are in the counties of:  
(check all that apply)

Check all that apply

- |  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> All New Jersey Counties | <input type="checkbox"/> Gloucester | <input type="checkbox"/> Passaic  |
| <input type="checkbox"/> Atlantic                | <input type="checkbox"/> Hudson     | <input type="checkbox"/> Salem    |
| <input type="checkbox"/> Bergen                  | <input type="checkbox"/> Hunterdon  | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Burlington              | <input type="checkbox"/> Mercer     | <input type="checkbox"/> Sussex   |
| <input type="checkbox"/> Camden                  | <input type="checkbox"/> Middlesex  | <input type="checkbox"/> Union    |
| <input type="checkbox"/> Cape May                | <input type="checkbox"/> Monmouth   | <input type="checkbox"/> Warren   |
| <input type="checkbox"/> Cumberland              | <input type="checkbox"/> Morris     |                                   |
| <input type="checkbox"/> Essex                   | <input type="checkbox"/> Ocean      |                                   |

By filing this updated Tariff Document, the company named above agrees to conform with all rules and regulations promulgated by the District Solid Waste Management Plans and the NJ Department of Environmental Protection in accordance with N.J.S.A. 48:13A-1 et seq., and N.J.S.A. 13:1E-1 et seq.

**2. HOURS OF OPERATION:**

**HOURS:**      ☐ MON    ☐ TUES    ☐ WED    ☐ THURS    ☐ FRI    ☐ SAT    ☐ SUN  
                  \_\_\_\_ AM    \_\_\_\_ AM    \_\_\_\_ AM    \_\_\_\_ AM    \_\_\_\_ AM    \_\_\_\_ AM    \_\_\_\_ AM  
                  \_\_\_\_ PM    \_\_\_\_ PM    \_\_\_\_ PM    \_\_\_\_ PM    \_\_\_\_ PM    \_\_\_\_ PM    \_\_\_\_ PM

**OR:**    ☐ 24 HRS / 7 DAYS A WEEK  
         ☐ 24HRS / 7 DAYS A WEEK OTHER THAN THE HOLIDAYS LISTED BELOW

On which Holidays do you **NOT** provide services? : \_\_\_\_\_

When a scheduled collection day occurs on a listed holiday, collection will be made on the next scheduled collection day. In those cases where collection is scheduled on one collection-per-week basis, collection will be made as soon as possible

SECTION A

3. **SPECIAL CHARGES ON INVOICE:** (ex: late fees, fuel, paper billing, mileage) \_\_\_\_\_

4. **METHOD OF BILLING:**

Please list the billing and payment procedures (example: invoicing) \_\_\_\_\_

5. **TYPES OF SERVICE AND DETAILS**

\*Any disposal fees must be a part of the invoice and separate from the services charge\*  
N.J.A.C. 7:26H-4.4(b)(3)

Type of Service	Capacity of truck/container	Rate (fee amount / service)
<i>Examples: roll off, pick up, container rental</i>	<i>Examples: 10 yards, 100 tons</i>	<i>Examples: (\$/week) (\$/ton) (\$/pick up)</i>

6. **ADDITIONAL INFORMATION:** Provide any other pertinent Tariff information or explanations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION A

## INSTRUCTIONS FOR CUSTOMER LISTS/CUSTOMER SERVICE AREA INVENTORY:

**Customer information must be provided in accordance with N.J.A.C 7:26H- 5.9(c):**  
Customer lists must contain all of the names and addresses for each (regularly scheduled) residential, commercial, industrial, and institutional customer.

### CUSTOMER LIST FORMAT

The list should be organized by municipality and sequentially numbered and set forth in numerical order by street address with the streets set forth in alphabetical order. Additionally, the Department is requesting the frequency of service, a description of service and the rates charged:

**\*\*All Customer Lists submitted to the Department are confidential and not subject to public review N.J.A.C 7:26H-5-9(c)(4)\*\***

### SAMPLE

<u>Customer #</u>	<u>Name</u>	<u>Address</u>	<u>Service Provided</u>	<u>Rate Charged</u>	<u>Frequency of Service</u>
1.	ABC	One A Street, Allentown, NJ 10000	Roll off	Amount / Service	weekly
2.	DCE	One B Street, Allentown, NJ 10000	Curb side pick up	Amount / Service	2x month
1.	FGH	One A Street, Basking Ridge, NJ 20000	Container rental	Amount / Service	On call
2.	IJK	One B Street, Basking Ridge, NJ 20000	Roll off	Amount / Service	3 x month

**Regularly Scheduled Customers:** Residential (NOT INCLUDING MUNICIPAL CONTRACTS), commercial and/or industrial customers that receive solid waste collection services on a regular basis, i.e. weekly, monthly, bi-weekly, bi-monthly. Provide the number of customers in the appropriate column for each corresponding county (page 14). **These customers must be provided to the department as part of a separate customer list.**

**On-Call Customers:** Customers that are provided solid waste collection services on an "on-call" basis. According to N.J.A.C. 7:26H-5.9, **if solid waste collection services were provided more than one time during the year, even though the service locations varied, then these on-call customers must be included on a customer list.**

**One-time Customers:** Customers that were provided solid waste collection services one time during the year. You do not need to include these customers in your customer list.

**Municipal Contracts/Residential Contracts:** A contract between a municipality and a collector for solid waste collection services. Provide the municipality, the county in which the Municipality is located, and the approximate number of customers that the contract covers.

**\*\*If you need additional space, you may make your own spreadsheet using the format on the next page. \*\***

You are encouraged to submit your company's customer list on a CD or a flash drive

## SECTION A

## CUSTOMER SERVICE AREA INVENTORY

County	# of Scheduled Residential	# of Scheduled Commercial	# of Scheduled Industrial	# of Repeated On-Call Customers	# of One-Time Only Customers
	<b><u>MUST BE INCLUDED ON A CUSTOMER LIST</u></b>				
Atlantic					
Bergen					
Burlington					
Camden					
Cape May					
Cumberland					
Essex					
Gloucester					
Hudson					
Hunterdon					
Mercer					
Middlesex					
Monmouth					
Morris					
Ocean					
Passaic					
Salem					
Somerset					
Sussex					
Union					
Warren					

## Municipal/ Residential Contracts

**\*\*if you need more space, you may create your own spreadsheet using this format and attach it to this report.\*\***

Municipality	County	Approximate # of Customers

## **BROKERS USED IN 2015**

A	B	C	D	E
Name of Solid Waste Broker	Address: Street, City, State and Zip	Does your company have and on-going contract with this Broker ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Broker's CPCN #  SW _____	Total Amount of Payment Received from Broker
		<input type="checkbox"/> Yes <input type="checkbox"/> No	SW _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	SW _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	SW _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	SW _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	SW _____	

## SECTION A

## **RELATED COMPANIES**

List all related companies that operate in New Jersey and any related out-of-state disposal facilities where New Jersey solid waste is sent. Please include related brokers, collection companies, disposal facilities, truck leasing companies, or real estate leasing companies.

[illegible]





READ THIS PAGE **ENTIRELY** BEFORE CONTINUING

**INSTRUCTIONS FOR REPORTING DISPOSAL INFORMATION (PAGE 19)**

1. **Name and Address of Disposal Facility Used During 2015:** Provide the name of the facility that your company has used to dispose of the waste collected by your company. Provide the address of the facility.
2. **Facility Type:** Circle one.  
TS – *Transfer Station*. LF – *Landfill*. RC – *Rail Carrier*. RRF – *Resource Recovery Facility/ Incinerator*
3. **Waste Type:** Provide the Waste Type ID.
  - ID 10 Municipal (includes household, commercial and institutional)
  - ID 12 Dry Sewage Sludge
  - ID 13 Bulky Waste
  - ID 13C Construction and demolition waste
  - ID 23 Vegetative waste
  - ID 25 Animal and food processing waste
  - ID 27 Dry industrial waste (e.g. “dirty dirt”)
  - ID 27A Waste material consisting of asbestos or asbestos containing waste
  - ID 27I Waste consisting of incinerator ash or ash containing waste
4. **County Origin of Waste:** The New Jersey county from which your company has collected the waste. **DO NOT RECORD MORE THAN ONE COUNTY IN EACH SPACE.**
5. **Total Tons Picked up in County:** The total tons of waste your company has collected from the corresponding county.
6. **Total Tons Disposed at Facility:** The total tons of solid waste that your company disposed at the facility for the year 2015.
7. **Total Amount of Disposal Fee Paid to Facility:** The total amount your company was charged to dispose of solid waste at the corresponding facility. This information can be found on receipts or on origin and disposal forms obtained from the disposal facility.
8. **Recycling Tax Paid:** Collectors/transporters disposing of solid waste generated/collected in NJ to an *out of state* facility, or at a *rail carrier* within NJ are subject to a \$3 per ton recycling tax.
9. **Gross Revenue:** Should not be reported as an estimate; value must be true. Do not subtract “Recycling Tax” or “Total Amount of Disposal Fee Paid to Facility” to determine Gross Revenue. Gross Revenue is the total amount of money the collector has received from the collection of solid waste *before* any deductions from taxes, disposal fees, and any other associated expenses. **Gross Operating Revenues consist of reportable revenues as described on Page 5, which are derived from customer bills, fees, sales, and services.**

**If you require additional pages to report your disposal information, please make additional copies of the original page. You may prepare your own spreadsheet containing the disposal information in the same format as page 19.**

## SECTION A

## **DISPOSAL INFORMATION**

Please provide the information below for each disposal facility (landfills, transfer stations, rail facilities, incinerators) used by your company for calendar year 2015:

Facility Type: TS – Transfer Station, LF – Landfill, RC – Rail Carrier, RRF – Resource Recovery Facility/ Incinerator

**Gross Revenue: DO NOT subtract "Recycling Tax" or "Total Amount Paid of Disposal Fee Paid to Facility" for Gross Revenue total.**

[illegible]

**GROSS OPERATING REVENUE BY COUNTY FOR SOLID  
WASTE COLLECTION/TRANSPORTATION SERVICES**

Please provide the Gross Operating Revenues derived from any solid waste collected/transported in any New Jersey county during 2015.

**TOTAL AMOUNT COLLECTED FROM EACH COUNTY SHOULD ADD UP TO TOTAL GROSS  
OPERATING REVENUE.**

**Gross Operating Revenues consist of reportable revenues which are derived from  
customer bills, fees, sales and services.**

County	2015 Collector Gross Revenue
Atlantic	
Bergen	
Burlington	
Camden	
Cape May	
Cumberland	
Essex	
Gloucester	
Hudson	
Hunterdon	
Mercer	
Middlesex	
Monmouth	
Morris	
Ocean	
Passaic	
Salem	
Somerset	
Sussex	
Union	
Warren	

**Total Gross Operating Revenue**

During Calendar Year 2015: \$ \_\_\_\_\_  
Collector Total

**CLAIMING ZERO GROSS OPERATING REVENUE FOR  
COLLECTORS/TRANSPORTERS – PAGES 21 & 22**

**Acceptable Reasons for Reporting  
Zero Gross Operating Revenue**

- **Currently Not Operating** – If your company has been inactive in 2015 you must explain why, how long your company has been inactive, and when you intend to resume operation.
- **Collection/Transport of Non-Regulated Materials** – Provide details of your operations and provide the solid waste ID or the non-regulated waste that your company collects/transport.
- **Collection/Transport of Waste Not Generated in NJ** – Provide details of your operations and the origin of the waste that your company is collecting/transporting.
- **Waste Collected from NJ Transfer Station or Rail Carrier and Transported Out of State** - Provide details of your operations.
- **Other** - Provide a detailed explanation for claiming zero revenue.

**Unacceptable Reasons for Reporting  
Zero Gross Operating Revenue**

- **Self-Generated Waste** - Self-generators are exempt from holding a CPCN. Companies that do hold a CPCN should, therefore, not be reporting waste as “self-generated”.
- **Sub-Contractors**- All utilities holding a CPCN must report revenue regardless of contracting work with other Solid Waste Utilities.

**\*\*If you are claiming zero revenue for the calendar year of 2015, see the next page to provide details and certify zero gross operating revenue.\*\***

**CERTIFICATION FOR COLLECTORS/TRANSPORTERS**  
**CLAIMING ZERO GROSS OPERATION REVENUE**

The certification below should only be filed by CPCN holders that are claiming zero gross operating revenue for calendar year 2015. You must also provide, in detail, the reason you are claiming zero.

**ZERO GROSS OPERATING REVENUE CERTIFICATION:**

I certify under the penalty of law that this company's reportable Gross Operating Revenue as described on page 5, which are derived from fees, sales, services, and interest from all solid waste collected in NEW JERSEY during 2015 was ZERO dollars (\$0.00).

I also acknowledge that review of financial records of my company may be performed at any time by NJDEP to verify zero gross operating revenue.

I, \_\_\_\_\_ hold the title of \_\_\_\_\_ and am  
 (NAME OF OWNER/AUTHORIZED MEMBER) (TITLE)

duly authorized to sign this Annual Report showing Zero Gross Operating Revenue on behalf

of: \_\_\_\_\_  
 (OFFICIAL COMPANY NAME)

\_\_\_\_\_  
 Print Name of Owner/Authorized Member

\_\_\_\_\_  
 Signature of Owner/Authorized Member

\_\_\_\_\_  
 Today's Date

**PROVIDE REASON(S) FOR REPORTING ZERO GROSS ANNUAL REVENUE:**

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**END OF SECTION A**

## **Section B:**

**The following section must be completed by Solid Waste Brokers who manage, administer and arrange through a contract or other means, for compensation, the solid waste needs of clients, utilizing other licensed collectors/transporters, in all counties of New Jersey.**

**Solid Waste Collectors/Transporters who do not have a Solid Waste Broker license, should continue on to page 28 (“Certifications”).**

## **INSTRUCTIONS FOR CUSTOMER INFORMATION/CUSTOMER LISTS FOR BROKERS**

**Customer information must be provided in accordance to N.J.A.C 7:26H- 5.9(c):** Customer lists must contain all of the names and addresses for each (regularly scheduled) residential, commercial, industrial, and institutional customer.

**\*\* SW Brokers are regulated utilities subject to the Solid Waste Utility Control Act N.J.A.C 7:26H and therefore are required to submit a customer list\*\***

### **CUSTOMER LIST FORMAT**

The list should be organized by municipality and sequentially numbered and set forth in numerical order by street address and the streets set forth in alphabetical order. Additionally, the Department is requesting the frequency of service, a description of service and the rates charged.

**\*\*All Customer Lists submitted to the Department are confidential and not subject to public review N.J.A.C 7:26H-5-9(c)(4)\*\***

### **SAMPLE**

<u>Customer #</u>	<u>Name</u>	<u>Address</u>	<u>Service Provided</u>	<u>Rate Charged</u>	<u>Frequency of Service</u>
1.	ABC	One A Street, Allentown, NJ 10000	Roll off	Amount / Service	weekly
2.	DCE	One B Street, Allentown, NJ 10000	Curb side pick up	Amount / Service	2x month
1.	FGH	One A Street, Basking Ridge, NJ 20000	Container rental	Amount / Service	On call
2.	IJK	One B Street, Basking Ridge, NJ 20000	Roll off	Amount / Service	3 x month

**Regularly Scheduled Customers:** Residential (NOT INCLUDING MUNICIPAL CONTRACTS), commercial and/or industrial customers that receive solid waste collection services on a regular basis, i.e. weekly, monthly, bi-weekly, bi-monthly. **These customers must be provided to the department as part of a separate customer list.**

**On-Call Customers:** Customers that are provided solid waste collection services on an "on-call" basis. According to N.J.A.C. 7:26H-5.9, **if solid waste collection services were provided more than one time during the year, even though the service locations varied, then these on-call customers must be included on a customer list.**

**One- time Customers:** Customers that were provided solid waste collection services one time during the year. **You do not need to include these customers in your customer list.**

**\*\*If you need additional space, you may make your own spreadsheet using the format on the next page. \*\***

**You are encouraged to submit your company's customer list on a CD or a flash drive**

## SECTION B

### COLLECTORS/TRANSPORTERS USED IN 2015

Provide the information below for Broker Services conducted during the calendar year of 2015 for **EACH COUNTY**. You may prepare your own spreadsheet containing the below information in the same format:

COUNTY (LIST ONLY 1 COUNTY PER FORM)

[illegible]



## **GROSS OPERATING REVENUE BY COUNTY FOR BROKERING SERVICES**

Please provide the Gross Operating Revenues derived from all solid waste broker services in New Jersey during 2015.

**TOTAL AMOUNT COLLECTED FROM EACH COUNTY SHOULD ADD UP TO GROSS  
OPERATING REVENUE.**

**Gross Operating Revenues consist of reportable revenues which are derived from  
customer bills, fees, sales and services.**

County	2015 Broker Gross Revenue
Atlantic	
Bergen	
Burlington	
Camden	
Cape May	
Cumberland	
Essex	
Gloucester	
Hudson	
Hunterdon	
Mercer	
Middlesex	
Monmouth	
Morris	
Ocean	
Passaic	
Salem	
Somerset	
Sussex	
Union	
Warren	

**Total Gross Operating Revenue  
During Calendar Year 2015:**

\$ \_\_\_\_\_  
Broker Total

## SECTION B

**CLAIMING ZERO GROSS OPERATING REVENUE FOR  
BROKERS – PAGES 26 & 27****Acceptable Reasons for Reporting  
Zero Gross Operating Revenue**

- **Currently Not Operating** – If your company has been inactive in 2015 you must explain why, how long your company has been inactive, and when you intend to resume operation.
- **Brokering of Non-Regulated Materials** – Provide details of your operations and provide the solid waste ID or the non-regulated waste that your company collects/transport.
- **Brokering of Waste Not Generated in NJ** – Provide details of your operations and the origin of the waste that your company is brokering the collection/transportation.
- **Waste Brokered to be Collected from a NJ Transfer Station or Rail Carrier and Transported Out of State** - Provide details of your operations.
- **Other** - provide a detailed explanation for claiming zero revenue.

**\*\*If you are claiming zero revenue for calendar year 2015, see the next page to provide details and certify zero gross operating revenue.\*\***

## SECTION B

## **CERTIFICATION FOR COMPANIES CLAIMING ZERO GROSS OPERATION REVENUE**

The certification below should only be completed by CPCN holders that are claiming zero gross operating revenue for calendar year 2015. You must also provide, in detail, the reason you are claiming zero revenue.

### **ZERO GROSS OPERATING REVENUE CERTIFICATION:**

I certify under the penalty of law that this company's reportable Gross Operating Revenue as described on page 5, which are derived from fees, sales, services, and interest from all solid waste collected in NEW JERSEY during 2015 was ZERO dollars (\$0.00).

I also acknowledge that review of financial records of my company may be performed at any time by NJDEP to verify zero gross operating revenue.

I, \_\_\_\_\_ hold the title of \_\_\_\_\_ and am  
(NAME OF OWNER/AUTHORIZED MEMBER) (TITLE)

duly authorized to sign this Annual Report showing Zero Gross Operating Revenue on behalf

of: \_\_\_\_\_  
(OFFICIAL COMPANY NAME)

\_\_\_\_\_  
Print Name of Owner/Authorized Member

\_\_\_\_\_  
Signature of Owner/Authorized Member

\_\_\_\_\_  
Today's Date

### **PROVIDE REASON(S) FOR REPORTING ZERO GROSS ANNUAL REVENUE:**

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**END OF SECTION B**

## CERTIFICATIONS

**\*\*Please sign the "Customer Bill of Rights" OR "Customer Lists" sections, respectively\*\***

**CUSTOMER BILL OF RIGHTS** (If you have **Regularly Scheduled Customers**, read and certify)

Regularly scheduled customers are considered residential, commercial, and/or industrial customers that receive solid waste collection services on a regular basis, i.e. weekly, monthly, bi-weekly, bi-monthly

I certify under penalty of the law that I have notified each of my Regularly Schedule Customers at least once this year that solid waste collection services in New Jersey are available on a competitive basis as provided in the Customer Bill of Rights and that I have provided each of my customers with a copy of the customer bill of rights in the form set forth at N.J.A.C. 7:26H-5.12(b). **The Customer Bill of Rights may be downloaded at: <http://www.nj.gov/dep/dshw/resource/custbillofrights.pdf>**

I, \_\_\_\_\_ hold the title of \_\_\_\_\_ and am duly  
(NAME OF OWNER/AUTHORIZED MEMBER) (TITLE)

authorized to sign this Customer Bill of Rights on behalf of: \_\_\_\_\_  
(OFFICIAL COMPANY NAME)

_____ Print Name of Owner/Authorized Member	_____ Signature of Owner/Authorized Member	_____ Today's Date
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**OR**

**CUSTOMER LISTS** (If you **DO NOT** have **Regularly Scheduled Customers**, read and certify):

Regularly scheduled customers are considered, commercial, and/or industrial customers that receive solid waste collection services on a regular basis, i.e. weekly, monthly, bi-weekly, bi-monthly.

I certify under penalty of law pursuant to N.J.A.C. 7:26H-5.9(c)1 that \_\_\_\_\_  
has no regularly scheduled customers.

I, \_\_\_\_\_ hold the title of \_\_\_\_\_ and am duly  
(NAME OF OWNER/AUTHORIZED MEMBER) (TITLE)

authorized to sign on behalf of: \_\_\_\_\_  
(OFFICIAL COMPANY NAME)

_____ Print Name of Owner/Authorized Member	_____ Signature of Owner/Authorized Member	_____ Today's Date
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## VERIFICATION AND OATH FOR 2015 ANNUAL REPORT FILING

NAME OF PERSON COMPLETING THIS FORM:

\_\_\_\_\_

RELATIONSHIP TO BUSINESS:

\_\_\_\_\_

CONTACT NUMBER:

\_\_\_\_\_

The 2015 Annual Utility Report for Solid Waste Collectors/Transporters and Brokers must be verified and certified by the oath of the President or another principal general officer if other than the respondent and must be approved as a "key employee" as defined by N.J.S.A. 13:1E-127(f).

**Oath** To be made by the Proprietor, Partner, President or other principal officer of the utility:

\_\_\_\_\_  
(Insert name of Owner or Officer and Title)

I acknowledge that submitting false information to the Department of Environmental Protection may subject my company and me individually to potential enforcement actions, penalties and/or revocation of the A-901 license and CPCN.

\_\_\_\_\_  
(Signature of Owner or Officer)

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Print Name of Notary Public or Officer Authorized to Administer Oath

\_\_\_\_\_  
Signature of Notary Public or Officer Authorized to Administer Oath

My Commission expires: \_\_\_\_\_

Impression Stamp



**IMPORTANT NOTICE:**

**If your company is NO LONGER in business, please use this form to SURRENDER your CPCN, A-901 and Decals. DO NOT complete if your company will continue to engage in New Jersey's solid waste industry.**

**Notice of Surrender**

**Surrender of CPCN, A-901 License and Solid Waste Transporter Decals**

**Please read carefully, and fill in all information below:**

COMPANY NAME: \_\_\_\_\_

CONTACT INFORMATION: Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

I, \_\_\_\_\_, hold the title of \_\_\_\_\_  
(NAME OF OWNER/AUTHORIZED MEMBER) (TITLE)

and am duly authorized to sign this Notice of Surrender on behalf of \_\_\_\_\_  
(COMPANY NAME)

I hereby notify the New Jersey Department of Environmental Protection that I am voluntarily surrendering the Certificate of Public Convenience and Necessity, A-901 License, and all transporter decals issued to

\_\_\_\_\_, effective immediately, since I no longer intend to engage in the solid  
(COMPANY NAME)

and/or hazardous waste business in New Jersey.

I agree with this statement and am aware that I must reapply and submit a new disclosure statement in the future if I intend to re-enter the solid and/or hazardous waste business in New Jersey.

\_\_\_\_\_  
Print Name of Owner/Authorized Member

\_\_\_\_\_  
Signature of Owner/Authorized Member

\_\_\_\_\_  
Today's Date

**\*If you have transporter decals placed on any containers, vehicles and/or equipment, these decals are inactive upon signature and must be removed immediately.**

Decals, cab cards and this complete form should be mailed to: **NJDEP, Planning and Licensing,**  
**401 E. State St., Mail Code: 401-02C, Trenton, New Jersey 08625-0420; Attn: Economic Regulation Unit**